



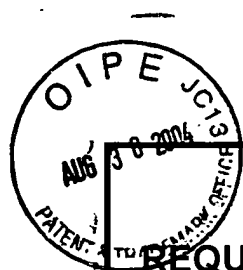
GP-2672  
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0001/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office		Application Number	09/642,250		
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence during pendency of filed application)				Filing Date	October 12, 2000		
				First Named Inventor	Thomas J. Quinn		
				Group Art Unit Number	2672		
				Examiner Name	Matthew Luu		
Total Number of Pages in This Submission		2	Attorney Docket Number		18388-05167		

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ]
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Request to Withdraw as Attorney
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____
<input type="checkbox"/> Amendment/Response: [ ] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated:	Aug. 27, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Albert C. Smith	Dated:	Aug. 27, 2004
Express Mail Mailing Number (optional):			



# REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/642,250
Filing Date	October 12, 2000
First Named Inventor	Thomas J. Quinn
Group Art Unit	2672
Examiner Name	Matthew Luu
Attorney Docket Number	18388-05167

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

This application is being transferred to new counsel. The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	David T. Shoneman Thomson Licensing Inc.				
Address	2 Independent Way, Suite 200				
Address					
City	Princeton	State	New Jersey	Zip	08543-5312
Country	US				
Telephone	(609) 734-6829	Fax	(609) 734-6888		

- ☒ This request is made on behalf of myself and  
☒ all the attorneys/agents of record,  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number \_\_\_\_\_  
on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Albert C. Smith
Signature	<i>Albert C. Smith</i>
Date	August 27, 2004

NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.



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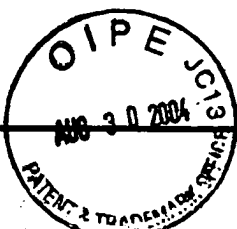
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